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7590 04/23/2002

Neil F Martin
Brown Martin Haller & McClain
1660 Union Street
San Diego, CA 92101-2926



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Derek Andre Bahn (Depositor's name)
(Signature)
July 19, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/589,950	06/08/2000	Daniel Lieberman Zadiman	7544-PA01	1491

TITLE OF INVENTION: REMOVABLE OPTICAL SECURITY FILM PLACED ON PRINTED SURFACES AND/OR PRODUCTS CONTAINING SUCH FILM

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
10	nonprovisional	YES	\$640	\$0	\$640	07/23/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAM, CATHY FONG FONG	1775	283-101000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Brown, Martin, Haller
& McClain, LLP
2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

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☒ A check in the amount of the fee(s) is enclosed.

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☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4070 (enclose an extra copy of this form).

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(Authorized Signature) Katherine Proctor (Reg. No. 31,468) 07/19/2002

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07/26/2002 INQUIRY# 00000120 09589950

01 FC:242
02 FC:361

640.00 OP
30.00 OP

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